

Case Number:	CM13-0068015		
Date Assigned:	01/03/2014	Date of Injury:	01/21/2012
Decision Date:	04/03/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old with a date of injury of January 21, 2012 after a slip and fall. The patient has chronic back pain. MRI the lumbar spine from April 2012 shows epidural lipomatosis from L4-S1. There is old sacrococcygeal joint fracture with anterior angulation. At L3-4 there is 4 mm disc bulge causing foraminal protrusion and narrowing with displacement of the right L3 nerve root. There is slight central stenosis at L3-4. At L4-5 there is less foraminal narrowing with moderate central stenosis. At L5-S1 there is a posterior disc bulge with mild central stenosis and mild foraminal narrowing. The patient complains of chronic low back pain. The pain radiates to the groin and to the right hip. There is also numbness in the legs. The patient has had 2 lumbar epidural steroid injections without relief. The patient has physical therapy without relief. The patient had acupuncture and is currently using a cane. Physical examination revealed diminished motion of the lumbar spine. Bilateral lower extremities have normal 5 out of 5 motor strength throughout. Bilateral lower extremities have normal sensation throughout. There are normal reflexes bilaterally at the knees and ankles. There was no tenderness noted the lumbar paraspinal palpation. At issue is whether lumbar decompressive surgery is medically necessary at this time

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A right L3-L4, L4-L5, and L5-S1 laminectomy and discectomy with one day length of stay:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-318.

Decision rationale: The Physician Reviewer's decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically, the patient's physical examination does not document radiculopathy. In fact, the patient's physical examination the lower extremity does not document any significant neurologic deficit. There is no correlation between radiculopathy on physical examination and compression on MRI imaging studies. Motor, sensory, and reflex function are normal in the bilateral lower extremities. The request for right L3-L4, L4-L5, and L5-S1 laminectomy and discectomy with one day length of stay is not medically necessary or appropriate